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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

PAGE 1/5

2014 JUL 21 PM 2: 45

Force MADILY CENTER

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	1 12FE4	M5	
American Conservative Union Super PAC					
	 - - - - - - -				لـــــا
ADDRESS (number and street)	1331 H Street NW			 	
Check if different than previously	Suite 500		, , DC ,	1 20005	
reported. (ACC)	· · · · · · · · · · · · · · · · · · ·				
2. FEC IDENTIFICATION	NUMBER ▼ C	ETY 🛦	STATE A	ZIP CODE A	
C C00505792	3.	IS THIS N REPORT (N	ew or	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2) N	May 20 (M5)	Aug 20 (M8) Nov (Non-E Year C	20 (M11) Election Only)
(a) Quarterly Reports:) July Sill	ar 20 (M3) 👿 Ji	un 20 (M6)		20 (M12) Election Only)
April 15		pr 20 (M4)	ul 20 (M7)	Oct 20 (M10)	31 (YE)
Quarterly Report July 15	(C) 12-Day	Primary (12P)	Gen	eral (12G) 🔲 Runo	ff (12R)
Quarterly Report October 15	(Q2) Report for the:	Convention (1	2C) Spec	cial (12S)	
Quarterly Report January 31 Year-End Report	Floor	tion on		in the State of	
July 31 Mid-Year Report (Non-elec Year Only) (MY)	tion (d) 30-Day POST-Election	General (30G) 🔲 Run	off (30R) Spec	ial (30S)
Termination Repo		tion on		in the State of	
5. Covering Period 05 2014 through 05 31 2014					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Melissa Pena					
Signature of Treasurer Melissa Pena Date Date Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
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